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INTEGRATIVE REVIEW OF THE LITERATURE

A cultura e a saúde da mulher indígena: revisão integrativa

Culture and indigenous women's health: integrative review

Cultura y la salud de las mujeres indígenas: revisión integradora

Hetiani Barretta da Silva ¹, Claudia Maria Gabert Diaz ², Kauana Flores da Silva ³

ABSTRACT

Objective: To investigate the reality of health of women and indigenous Guarani people and Kaingáng, bringing reflections on public health policies aimed at the indigenous community and the inclusion of nursing in this context. **Method:** This is an integrative review conducted in the period from March to July 2010. **Results:** The studies bring that access to health of indigenous people is still limited, that health actions should consider their culture and other characteristics and the professionals involved in this process need to create links with this population so that actions are effective. **Conclusion:** it was found the need for a broader and more qualified attention to indigenous mainly to women's health and also noticed the dearth of research on the topic. **Descriptors:** Women's health, Indigenous people, Indigenous health, Indigenous health services.

RESUMO

Objetivo: Investigar a realidade de saúde das mulheres indígenas e do povo Guarani e Kaingáng, trazendo reflexões sobre as políticas públicas de saúde voltadas para a comunidade indígena e a inserção da enfermagem neste contexto. **Método:** Trata-se de uma revisão integrativa realizada no período de março a julho de 2010. **Resultados:** Os estudos trazem que o acesso à saúde do povo indígena ainda é limitado, que as ações em saúde devem considerar sua cultura e demais particularidades e que os profissionais envolvidos nesse processo necessitam criar vínculos com essa população para que as ações sejam efetivas. **Conclusão:** Constatou-se a necessidade de uma atenção mais ampla e qualificada aos indígenas, principalmente à saúde da mulher e também se percebeu a escassez de pesquisas sobre o tema. **Descritores:** Saúde da mulher, População indígena, Saúde de populações indígenas, Serviços de saúde do indígena.

RESUMEN

Objetivo: Investigar la realidad de la salud de las mujeres y las personas indígenas Guaraníes y Kaingáng, con lo que las reflexiones sobre las políticas de salud pública dirigidas a la comunidad indígena y la inclusión de la enfermería en este contexto. **Método:** Se trata de una revisión integradora llevado a cabo en el período de marzo a julio de 2010. **Resultados:** Los estudios de traer que el acceso a la salud de los pueblos indígenas sigue siendo limitado, que las acciones de salud deben tener en cuenta su cultura y otras características y los profesionales que intervienen en este proceso necesitan crear vínculos con esta población, para que las acciones sean eficaces. **Conclusión:** se encontró la necesidad de una atención más amplia y cualificada a indígena principalmente a la salud de las mujeres y también se dio cuenta de la falta de investigación sobre el tema. **Descriptor:** Salud de la mujer, Los pueblos indígenas, La salud indígena, Los servicios de salud indígenas.

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INTRODUCTION

When considering the history of Brazil in its population context, there is a reflection on the real owners of this land, the indigenous peoples, those who currently suffer constant social and cultural discrimination and which presents fragile healthcare access. According to the National Policy of basic attention to health of indigenous peoples, recognition of their social and cultural diversity, respect for their traditional health systems are indispensable for the implementation of actions and projects to elaborate proposals for prevention and promotion of a better quality of life through health education appropriate to the local context.¹

The indigenous society living in different municipalities of the Brazilian territory and, compared to the national population, represent a small percentage is estimated at 150 million inhabitants, however, this data is a significant sample of the cultural diversity of our country.²

Indigenous peoples have formed on the margins of society, as a consequence of the decrease of their reserves, poor access to health services and from contact with the odd context to their daily lives, mainly villages near urban centres.³ With that, comes the importance of having a comprehensive view of women in relation to demographic indices, so that health and social in this way, you can plan a suitable assistance to these women's health, understanding your specific needs.⁴

Within this context, public policies have been directed to this population where, according to Decree nº 3.156 of 1999, the provision of health care of indigenous peoples should consider the guidelines aimed at the promotion, protection and recovery of Indian health, seeking to reach the biopsychosocial balance, recognizing the importance of the complementarity of the practices of indigenous medicine, according to each community, in addition to epidemiological and sanitary condition.⁵

Seeking a quality assistance to the indigenous population, the Ministry of Health established the National Policy attention to health of indigenous peoples, which is part of the National Health Policy, providing for, inter alia, the right to a differentiated service by the unified Health System (SUS), being respected their cultural specificities.¹

Attention to indigenous health is divided into subsystems, organized in form of Special Indigenous Sanitary Districts (DSEI) in conjunction with the SUS. The DSEI is an organizational unit of the National Health Foundation (FUNASA), being considered a territorial base and population health identified responsibility, uniting health actions necessary for the basic attention, articulating with the network of the SUS, for reference and counter-reference. These districts should be composed of a minimum team to execute their actions, and with social control through Local Councils and district health.⁶

Even with the creation of public policies related directly or indirectly to the indigenous population, women and his people are little attended at health services demand concerns, urging them to basic care, since this is aimed at the promotion, maintenance and restoration of health. Based on these observations, he felt the need to study and deepen the knowledge about the reality of women's health and its indigenous people, through an integrative research of literature in search of subsidies from boarding the social and cultural environment, and enable reflections on their care in health. In this way, to know and understand this reality the present study has as guiding question: as to the healthcare of women and of indigenous Guarani people and Kaingàng?

The interest in drafting this study appeared, with a view to the informal note of the large number of indigenous women in the downtown area of Santa Maria-RS, including pregnant women, mothers with babies, small children and youth belonging to ethnic groups Guarani and Kaingàng. They sell handicrafts while your kids ask for financial help for your basic sustenance, and in the vast majority, in precarious living conditions.

Indigenous women, mostly, with many children and waiting for the next in the womb, allows the reflection about the right to health, since there is a small demand of these women at health services. This finding held from experiences like travel nursing academic in practical activities in basic health units and scholar in attendance to this clientele on a gynecology and obstetrics unit of a large hospital, which covers the municipality of Santa Maria and the region.

Facing this reality, the study aims to investigate the General publications that address the reality of indigenous women and health of its people and Kaigàng Guarani, in southern Brazil. In addition, we seek to reflect on the public health policies directed to the indigenous community and the insertion of nursing in this context, enlarging the knowledge according to the social reality, that are awakening to reflection of current and relevant issues like this.

METHOD

The present study of integrative review (IR) followed the line of research education, society and Completeness in health, main theme Completeness of health actions, the interdisciplinary Health Research Group-GIPES, Franciscan University Center, Santa Maria-RS, being developed in the period from March to July of 2010.

The integrative review of literature is a method that promotes the synthesis of knowledge and the Union of the applicability of results in significant studies in practice, contributing to discussions on methods and results of research. The initial goal of this method is to gain understanding of the given phenomenon based on previous searches.⁷

The IR has six distinct phases in its development process, namely: the formulation of the guiding question, data collection, data evaluation, analysis, interpretation and presentation of results. These stages help the reader identify the actual characteristics of the studies included in the review⁷.

The construction of the guiding question was based on the main objective of this study: as healthcare of women and indigenous Guarani people and Kaingàng?

After the search was made of the data, where 145 were found abstracts related to the topic, using as electronic portal database SCIELO (Scientific Electronic Library Online) and how descriptors: indigenous health, indigenous and indigenous health services as the DHS (Descriptors in Health Sciences) and with the use of the filter in the period from 2000 to 2010.

To refine the studies found, used as criteria for inclusion: articles published in Portuguese, with abstracts and full text available online, with qualitative and/or quantitative research as methodology and approached women's health and/or indigenous Indians in southern Brazil. The studies found, after a careful reading, three were selected to compose the corpus of this work.

So, for the evaluation of the data was performed a summary table, which addressed the following issues: Search title, authors name, purpose of the study, the methodology employed, location of publication of the article, year, city, number and volume of the Edition. The articles included in the study were found in periodicals: Cadernos de Saúde Pública, health and society publication of the Faculty of public health, University of Sao Paulo and Paulista Association of public health.

The analysis and interpretation of results found in the studies selected were driven by the primary objective of this study and the preparation of a table for each selected article, presenting the most relevant data, gaps and trends in research. After, the synthesis of knowledge through the presentation and analysis of results.

RESULTS AND DISCUSSION

Sought to present the summary of each article for best viewing, providing the main idea of each extract study selected. The articles were numbered in the order of 1 to 3 for better organization. One can realize that each item analyzed presents a separate category that was addressed in each table, being they: the health of Indians in southern Brazil (table 1), the indigenous public policies (table 2) and the indigenous women's health (table 3).

Table 1-Article 1-the health of Indians in southern Brazil.

Title	Organization and quality of health care of Indians Kaingáng of Rio Grande do Sul, Brazil. ⁸
Authors	Hokerberg YH, Duchiade MP, Barcellos C.
Year	2001
Objective	Analyze critically the data of mortality of Kaingáng Indians of Rio Grande do Sul during the period from 1985 to 1995 and confront them with the healthcare organization.
Type of search	Descriptive-exploratory

The authors, 2010.

Article 1 discusses how are held indigenous peoples Kaingáng calls in the State of Rio Grande do Sul, dividing them in spanning regions. Bringing you, the region of reference for the medical service is located in the city of Passo Fundo-RS. These calls are made in hospitals affiliated to the Unified Health System (SUS) according to the complexity of care and scheduled by the attendants, nursing professionals who do the basic network link with the secondary service.⁸

Article 1 also brings responsibilities of actions to this population, being considered actions of immunization, sanitation, epidemiological surveillance and training of human resources responsibility of the National Health Foundation (FUNASA), while healthcare is the National Indian Foundation (FUNAI). The municipalities have the function to participate in the medical care, immunization and actions related to health programs to the indigenous peoples of their region, while the Department of health and environment of Rio Grande do Sul (SSMS/RS) coordinates the programs of tuberculosis, leprosy and the program of communitarian agents of health. The SSMS/RS divided the State into sixteen Regional Health Departments (DRS) which are responsible for the transfers of inputs to prevention activities, including surveillance to cervical cancer and prenatal care.⁸

Article 1 found that the first service provided to indigenous occurs in FUNAI posts, where is performed by nursing attendants and, subsequently, by nursing assistants trained. At this moment it is held a screening to select patients who will be referred to the medical service. Those professionals end up deciding the treatment and assessing the evolution of the patients without the supervision of a top-level professional.⁸

Among the difficulties, has the small frequency of prenatal consultations and the occurrence of preventable deaths among the Kaingángs in the RS, as malignant neoplasm of cervix and perinatal causes. Which may be related, among other factors, to the difficulties of communication between the individual and the health professionals and also realizes the difficulty in access to health services of reference due the distance you have to go from four to twenty miles or so, requiring payments for doctor's appointments, even in hospitals affiliated to the SUS.⁸

Table 2 - Article 2 - Indigenous public policies.

Title	Participation and autonomy in intercultural spaces of indigenous health: reflections from the South of Brazil. ⁹
Authors	Langdon EJ, Diehl EE.
Year	2007
Objective	Evaluation of Indian health care model
Type of search	Bibliographic and descriptive research field

The authors, 2010.

Article 2 brings that, nine years after the creation of the SUS, the Government determined the conditions of health care of these people and the Indigenous health care subsystem connected to SUS, because historically, there were inequalities and inequities experienced by Indians regarding their health. Thus, it was regulated national policy attention to indigenous peoples (PNASPI) which is part of the National Health Policy.⁹

This Subsystem of Indigenous health care is organized in Special Indigenous Sanitary Districts (DESEIs) organized in health posts in indigenous lands, where community health Agents (ACS), Indigenous sanitation Agents (Aisan), Multiprofessional Teams of indigenous health (EMSI) and Indian (Casai), guiding the services of medium and high complexity to the network of the SUS.⁹

Article 2 also reveals a relevant point in addressing indigenous health, differentiated attention, which should consider the culture, the epidemiology and operational specificities of these peoples, since they save their culture and their dialect, as well as its traditions regarding the health-illness. At this point, the agent must mediate between the indigenous traditional knowledge and the knowledge and resources of Western medicine. The guidance provided by this Pro only becomes effective when working with the co-participation of the community, respecting the popular knowledge and your expectations of health, creating a bond that provides greater professional fulfilment of Health Agent, what makes you develop multiple roles within this community.¹⁰

Table 3 - Article 3- Indigenous women's health.

Title	Exploration of risk factors for breast cancer in women of ethnicity Kaingáng. ¹¹
Authors	Silva EP, Pelloso SM, Carvalho MD, Toledo MJ.
Year	2009
Objective	Analyzing women's health of the indigenous land Faxinal, Paraná, Brazil, regarding risk factors for breast cancer.
Type of search	Descriptive-exploratory

The authors, 2010.

Article 3 found no reports of breast cancer or extra breast among women studied Kaingáng, as well as their close relatives. Even so, it is necessary to think about the health of the indigenous woman, since that portion of the population is devoid of information.

The authors demonstrate that 38,5% of indigenous women have heard about breast cancer and only 28,8% reported having knowledge about the self-examination of the breasts, but only 2,9% practice correctly.¹¹ These data concern do reflect, as health professionals, including nurses, are working on the issues of health education in basic unit of reference to which they belong and how are being carried out the actions of promotion and prevention in the context of women's health.

The article brings the preventive practices of clinical examination, mammography and breast self-examination fulfillment are being held so unsatisfactory, both by the health team as by women Kaingáng. The article brings the preventive practices of clinical examination, mammography and breast self-examination fulfillment are being held so unsatisfactory, both by the health team as by women Kaingáng.¹¹

Article 1 addresses the lack of top-level professionals to meet the indigenous population, getting the initial attendance post of technical professionals, however, the resolution COFEN-159/1993 considers the appointment of nursing a private nurse professional activity where even uses the scientific method to identify situations of health and illness, prescribe and program measures that will contribute to the promotion, health prevention and protection beyond recovery and rehabilitation of the individual, family and community.¹²

The professional nurse job monitor, analyze, and intervene in predisposing factors to not demand of indigenous women to health services, seeking to understand their cultural specificities, the barriers of locomotion until the health service offered and provide an education in health with prevention and promotion guidelines which allow the understanding, being essential to meet the indigenous culture to which the service is made in a satisfactory manner.⁹ With these measures the number of deaths could be reduced through better quality of life for this population.

This article discusses the peculiarities of indigenous peoples, emphasizing the need to know and respect their culture coming to meet that brings the article 1.

Authors Article 3 demonstrated significant points about protective factors for the development of breast cancer in women Kaingáng such as age, the number of children, age at first menstruation, the period of breastfeeding, as well as factors risk: the lifestyle, socioeconomic factors, diet, use of hormonal contraceptives, smoking and alcohol consumption - they found in a minority of cases - and the knowledge of indigenous women about breast cancer. Some lifestyles have been suggested in relation to decreased risk of breast cancer, eg, breast-feeding, the high number of births and residence in rural areas. These factors are associated with a low socioeconomic status, which may explain the lower incidence rates of breast cancer in underserved populations.¹³ Another important issue addressed in this paper emphasizes the lack of information offered indigenous women about self care, corroborating the Article 1.

Article 3, when addressing the prevention and early detection of breast cancer complements the results pointed to by articles 1 and 2. What allows reflections on some important points in the context of health education as, for example, communication between professionals in the basic unit and the indigenous women access to quality information about prevention and early diagnosis offered to them, as well as the way they are understanding the information, since the vast majority of indigenous mainly older women little speak Portuguese.

CONCLUSION

Results and reflections exposed in this study represent a basis for further discussions about the health of Brazilian indigenous populations.

Health actions related to that portion of the population must consider the particularities of their culture in order to achieve the proposed objectives, since these individuals living on the margins of society, isolated within a universe that must be respected.

It can be observed that, even with the rights laid out in law, women and indigenous people, for the most part, does not receive a specific healthcare within its cultural context, being used general guidelines without the worry of being understanding or without considering their own knowledge of health, which affects the health-disease process and, consequently, on the quality of life of these people.

Within this perspective, wonders if the pros, among them, the nurse, are prepared to provide a proper service to this portion of the population, targeting the link to ensure a full and humanized assistance. One can realize that health actions must be reconsidered, formulating intervention strategies against this extension social and economic problem that cannot be ignored.

Through this work, it was possible to verify the scarcity of studies concerning the health of indigenous peoples, especially in the case of women's health. Thus, this study will be able to leverage future research regarding the health of this population.

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